## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **Due By May 1, 2008 DOCUMENT # A98000001751** 1. Entity Name

**FILED** Apr 18, 2008 08:00 Al Secretary of State

Mailing Address

Principal Place of Business 9155 S. DADELAND BLVD., SUITE 1812 MIAMI, FL 33156

DADÉLAND CENTRE, LTD.

9155 S. DADELAND BLVD., SUITE 1812 MIAMI, FL 33156



04012008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0852964

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, ELIZABETH A ESQ 9155 SOUTH DADELAND BLVD. **SUITE 1812** MIAMI, FL 33156

## DO NOT WRITE IN THIS SPACE

		<u>-                                      </u>	
<ol> <li>The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.</li> </ol>	d office or registered agent, or both, i	n the State of Florida.	) am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable			DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION 12. P98000063803 DOCUMENT # NAME DADELAND CENTRE, INC. STREET ADDRESS 9155 S. DADELAND BLVD., SUITE 1812 CITY-ST-7IP MIAMI, FL 33156 DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-JIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

14. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Panner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP